

FACULTY TRAVEL AWARD APPLICATION

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|-----------------------|---|
| Faculty Name | Date Submitted |
| Department or Service | |
| Purpose of Travel | Destination |
| Dates of Travel | Total Estimated Cost <small>(Include registration fee, per diem and transportation costs.)</small> |

You must complete all of the following for consideration:

1. Please describe your planned participation in the meeting or program.

2. Please include a copy of the meeting agenda, program, and abstract with title and authorship to this request.

3. Are other sources for travel to this meeting or program available, explain.

| | | |
|----------------------------------|------|----------------------|
| Department Chair/Service Chief | Date | Recommended \$ _____ |
| VP and Dean for Academic Affairs | Date | Approved \$ _____ |

If NOT approved, reasons:

*Note - Faculty must provide required paperwork with receipts for reimbursement of approved travel **within 60 days of the travel**. Funds for travel are limited and will be budgeted accordingly.*